POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	m.G		4/6/00
O.I.P.E. CLASSIFIER	. 44		2/-11.60
FORMALITY REVIEW	20.	75353	6/1/1/0
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected	N Non-elected
= Allowed	Interference
 (Through numeral) Canceled 	A Appeal
÷ Restricted	O Objected

Hestricted U						
Claim Date	Claim Date	Claim Date				
Final Original SHILL STATE	Final Original	Final				
Q + V =	51	101	T			
3	52 53	102	\downarrow			
	54	104	- -			
5 7	55	106	+-			
8/ 1/2	56	106	+			
8	57	107	$oxed{\Box}$			
	58	108	\bot			
13112	60	109	+			
	61	1111	╁			
12 /	62	112	+			
13	63	113				
14	64 65	114	1			
	66	115	+-			
	67	117	+			
18	68	118	+-			
19	69	119	1			
20	70	120				
21	71	121	\perp			
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33	83	133				
34	84	134				
36 / 0 (85 86	135	+			
33/W///	87	137	+			
38 V	88	138	+			
39 N	89	139				
40 44	90	140				
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49 1 7	99 100	149	+			
		150	لــــــــــــــــــــــــــــــــــــــ			

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)